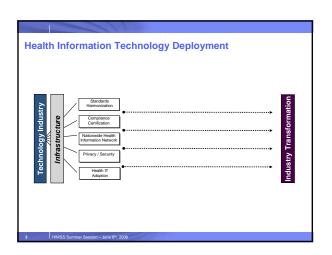


### **Agenda**

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### **Standards Harmonization Process**

- HHS awarded a contract valued at \$3.3 million to the American National Standards Institute (ANSI) to convene the Health Information Technology Standards Panel (HITSP).
- The HITSP will develop, prototype, and evaluate a harmonization process for achieving a widely accepted and useful set of health IT standards that will support interoperability among health care software applications, particularly EHRs.

### **Compliance Certification Process**

- HHS awarded a contract valued at \$2.7 million to the Certification Commission for Health Information Technology (CCHIT) to develop criteria and evaluation processes for certifying EHRs and the infrastructure or network components through which they interoperate.
- CCHIT will submit recommendations for ambulatory EHR certification criteria and to develop an evaluation process for ambulatory health records
- Criteria include
  - The capabilities of EHRs to protect health information
  - Standards by which EHRs can share health information
  - Clinical features that improve patient outcomes.

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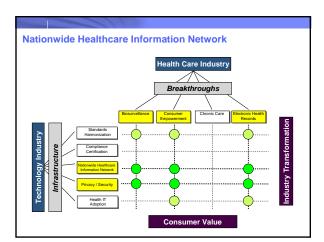
### **Privacy and Security Solutions**

- HHS awarded a contract valued at \$11.5 million to RTI, a private, non-profit corporation, to lead the Health Information Security and Privacy Collaboration (HISPC), a collaboration that includes the National Governors Association (NGA), up to 40 state and territorial governments, and a multi-disciplinary team of experts.
- RTI will oversee the HISPC to assess and develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices that may pose challenges to interoperable electronic health information exchange while maintaining privacy protections.

### **Health Information Technology Adoption Initiative**

- HHS awarded a contract valued in excess of \$1 million to the George Washington University and Massachusetts General Hospital Harvard Institute for Health Policy to support the Health IT Adoption Initiative.
- The new initiative is aimed at better characterizing and measuring the state of EHR adoption and determining the effectiveness of policies to accelerate adoption of EHRs and interoperability.
- For more information visit: http://www.hitadoption.org/

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### **HHS NHIN Architecture Prototype: Key Facts**

- Design and demonstrate a standards-based network prototype over the coming year
- Prototype versus Functional Network
- Demonstration Goal
- Develop and evaluate prototypes of an NHIN architecture that maximize use of existing resources to achieve interoperability among HC Applications – particularly EHRs
- Live data, live systems
- Demonstrate the solution in 3 marketplaces / communities
  - 2 competing hospitals, 2 primary care facilities, at least 1 safety net provider / community
- Three "harmonized" use cases
- Oh, and have it up and running by Dec 29, 2006

### **HHS NHIN Architecture Prototype: Vendor Awardees**

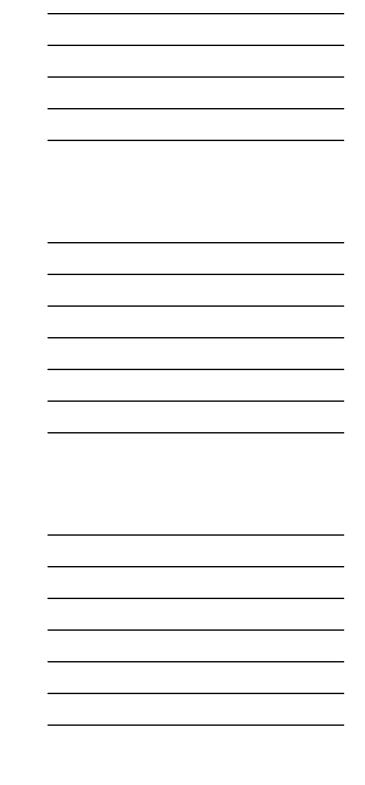
- Four Major Awarded Consortia and Respective Marketplaces
  - IBM
  - Accenture
  - CSC
  - Northrop Grumman
- Approach will be cooperative and collaborative
  - Between Four Awarded Consortia
  - With Other HHS Partners
  - Health Information Technology Standards Panel (by ANSI)
  - Certification Commission for Health Information Technology
  - Health Information Security and Privacy Collaboration (established by RTI and National Governor's Assoc)
  - American Health Information Community (AHIC)

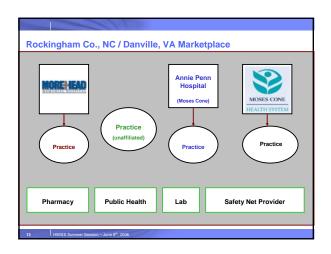
### Marketplaces

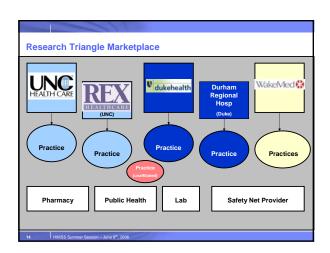
- Fishkill, NY (THINC)
  - Taconic Healthcare Information Network Communication
  - Hudson Valley: evolving RHIO w/ shared data at HealthVision hub
  - 2,300 physicians supporting 700,000 patients
- Research Triangle, NC (NCHICA)
  - Competitive, high-tech urban environment Hospitals: Duke, WakeMed, Rex (UNC Health)

  - Practices, Public Health, Pharmacies
- Rockingham County, NC and Danville, VA (NCHICA) Rural environment with NC and VA patients
  - Hospitals: Morehead Memorial, Annie Penn (Moses Cone Health System)
  - Practices, Public Health, Pharmacies









The NHIN Project will run through the end of the year and consists of 4 phases						
DURATION	START	FINISH				
185 days	4/17/06	12/29/06				
40 days	4/17/06	6/19/06				
130 days	5/22/06	12/18/06				
9 days	12/19/06	12/29/06				
140 days	5/15/06	11/24/06				
	4 phases DURATION 185 days 40 days 130 days 9 days	4 phases  DURATION START  185 days 4/17/06  40 days 4/17/06  130 days 5/22/06  9 days 12/19/06				

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### **ONC Use Cases to Demonstrate Interoperability**

### **Use Case Broad Areas:**

- Biosurveillance
  - To make recommendations to the Community to implement the informational tools and business operation to support real-time nationwide public health event monitoring and rapid response management across public health and care delivery communities and other authorized government agencies.
- Consumer empowerment
- To make recommendations to the Community to gain wide spread adoption of a personal health record that is easy-to-use, portable, longitudinal, affordable, and consumer-centered.
- Electronic Health Record
- To make recommendations to the Community on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.

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### Harmonized Use Case #1 - Biosurveillance

### Specific Use Case

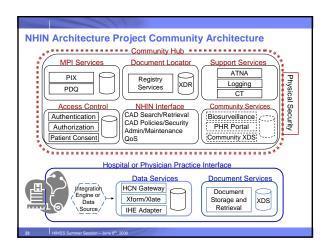
- Capture essential ambulatory care and ER visit, utilization, and lab result data from electronically enabled health care delivery and public health systems
- Aggregate into a standardized and anonymized (but re-identifiable) format
- Transmit to authorized public health agencies with less than one day lag time.

### Functionality

- Clinical Sources (ambulatory care, emergency departments, and in-house labs)
- Filter data based on algorithms provided by authorized PH agencies
- Capture all relevant data that trigger a reportable event
- Normalize, de-identify, and attach randomized identifier
- Transmit securely, observing local, state, and federal PH alerting protocols
- Support re-identification for authorized public health investigations
- Resource Utilization Data

## Harmonized Use Case #2 - Consumer Empowerment Deploy a pre-populated, consumer-directed and secure electronic registration summary Deploy a pre-populated medication history linked to the registration summary. The registration summary will be restricted to the information consumers generally need to provide when visiting a physician such as: - Demographic information sufficient to help identify the consumer - Financial information sufficient for eligibility checking and claims processing - Basic clinical information including allergies Enabling consumers to establish permissions and access rights for viewing their data The medication history presumes sufficient information about consumers' current and past medications to enable the following activities: - Create, update and view medication history Physician's review of medication history with consumer Differentiate current medications from past medications Harmonized Use Case #3 - Electronic Health Record Specific Use Case • Deploy standardized, widely available, secure solutions, • for accessing laboratory results and interpretations, • in a patient-centric manner, • for clinical care by authorized parties. Functionality: Transmission of complete, preliminary, final and updated lab results\* to the EHR system (local or remote) of the ordering clinician Transmission (or notification) of complete, preliminary, final and updated lab results to the EHR system or other clinical data system of designated providers of care Retrieval of historical lab results by providers of care Clinician access to test results respects: privacy concerns sensitivity designations or other attributes access rules determined by policy **Agenda** Background of National HIT Initiatives from ONC Nationwide Healthcare Information Network Overview NHIN Prototype Use Cases IBM NHIN Architecture Overview Discussion and Questions

## NHIN Architecture Project Guiding Principles Community-Centric Document repositories normalize and store clinical data within a community Hosted by individual hospitals/practices and/or shared within the community Community hub provides patient lookup/cross-referencing, document locator, security and support services The community hub is the gateway to other communities Prive and conform to standards Instantiation of IHE interoperability framework using Java/J2EE Clinical events stored as HL7 CDA(r2)-compliant documents Cross-community search & retrieval Provide security & privacy w/o sacrificing usability or research value Anonymous/pseudonymous data that can be re-identified as needed/permitted Supports other data aggregates (registries, biosurveillance, outcomes analysis, quality of care) Practical Scalable and cost-effective at every level of practice Total open-source implementation is viable Point-of-care performance is critical to adoption



# Agenda Background of National HIT Initiatives from ONC Nationwide Healthcare Information Network Overview NHIN Prototype Use Cases IBM NHIN Architecture Overview Discussion and Questions

The End	_
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